

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila BUREAU OF VITAL STATISTICS State Index No. 132
District of Globe ORIGINAL CERTIFICATE OF BIRTH Co. Registrar No. 233
Town of _____ Local Registrar's No. _____
or _____
City of Globe (No. _____ St. _____ Ward _____)

FULL NAME OF CHILD Lorna Richardson { Born YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive NO

Sex of Child <u>Female</u>	Twin, Triplet or other _____	{ and }	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>April 8 1923</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Joseph Monroe Richardson</u>			Full Maiden Name <u>Etta Gale</u>		
Residence <u>Globe, Ariz.</u>			Residence <u>Globe, Ariz.</u>		
Color or Race <u>white</u>			Color or Race <u>white</u>		
Age at last Birthday <u>23</u> (Years)			Age at last Birthday <u>21</u> (Years)		
Birthplace <u>Chichenka, Mexico</u>			Birthplace <u>Franklin Ariz.</u>		
Occupation <u>labour</u>			Occupation <u>Housewife</u>		
Number of Child of this mother <u>2</u>		Number of children of this mother now living <u>2</u>		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child, and that it occurred on April 4 1923, at 4:45 A.M.

{ *When there is no attending physician or midwife, then the householder should make this return. }

(Signature) C. W. Adams
(Attending physician, midwife, householder,*)

Given or Christian name added from a supplemental report _____ 192 _____ Filed 4-12 1923 Address Globe Ariz.
B. G. Day
LOCAL REGISTRAR.

395-408-575
COUNTY REGISTRAR.

A True Copy
Filed 6-6 1923

B. G. Day
COUNTY REGISTRAR.